Fill in this informa	ation to identify your case:	
Debtor 1	Kenneth Simpson	
Debtor 2 (Spouse, if filing)	Melony Simpson	
United States Ba	nkruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	2:15-bk-55462	Check if this is:
(II KIIOWII)		■ An amended filing □ A supplement showing post-petition chapter 13 income as of the following date:
Official Fo	orm B 6I	MM / DD/ YYYY

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse	
f you have more than one job,	Franciscon and atatus	■ Employed	■ Employed	
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed	
employers.	Occupation	Flooring Tech	Customer Service	
Include part-time, seasonal, or self-employed work.	Employer's name	Variety Floors of Carroll	State of Ohio	
Occupation may include student or homemaker, if it applies.	Employer's address	2982 Helena Dr. NW	30 E. Broad St.	
Occupation may include student or homemaker, if it applies.	Employer's address	2982 Helena Dr. NW Carroll, OH 43112	30 E. Broad St. Columbus, OH 43215	
	How long employed to	here? 8 years	15 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,248.27 3,595.58 2 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 3,248.27 3,595.58

Official Form B 6I Schedule I: Your Income page 1

	tor 1 tor 2	Kenneth Simpson Melony Simpson		Case n	umber ( <i>if known</i> )	2:15-bl	k-55462	
	Con	by line 4 here	4.	For E	Debtor 1 3,248.27		ebtor 2 or ling spouse 3,595.58	
	COL	y line 4 nere	٦.	Ψ	3,240.21	Ψ	3,595.56	-
5.	List	all payroll deductions:						
	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a. 5b. 5c. 5d. 5e. 5f.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	704.86 0.00 0.00 0.00 35.71 0.00 0.00	\$ \$ \$ \$ \$	404.45 359.56 0.00 0.00 461.24 0.00 45.37	- - - - -
6.	5h.	Other deductions. Specify:	<sup>5h.+</sup> 6.	Φ	0.00		0.00	=
		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	-	Ψ	740.57	\$	1,270.62	-
7. 8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	7. 8a.	\$	2,507.70 0.00	\$ \$	2,324.96	-
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	_
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8c. 8d. 8e.	\$ \$ \$	0.00 0.00 0.00	\$ \$ \$	0.00 0.00 0.00	_
		Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	_
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	0
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	2	,507.70 + \$	2,324	1.96 = \$	4,832.66
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Incli othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depen		•	•	hedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	4,832.66
	_		_					y income
13.		you expect an increase or decrease within the year after you file this form No.						
		Yes. Explain: Debtor Melony Simpson has discontinued her de	eferred	d com	pensation.			

Official Form B 6I Schedule I: Your Income page 2

Fill	in this informa	ation to identify ye	our case:					
Deb	tor 1	Kenneth Sim	npson			Che	eck if this is:	
							An amended filing	
	tor 2 ouse, if filing)	Melony Simp	oson				A supplement shown 13 expenses as of	wing post-petition chapter the following date:
	, 0,		001171				MM / DD / YYYY	
Unit	ed States Banki	ruptcy Court for the:	5001H	IERN DISTRICT OF OHIC				
	e number 2:	:15-bk-55462					A separate filing for 2 maintains a sepa	r Debtor 2 because Debto arate household
Of	fficial Fo	orm B 6J	_					
		J: Your						12/1
info	ormation. If n		eded, atta	. If two married people a ach another sheet to this n.				
Par		ribe Your House	hold					
1.	Is this a joi							
	□ No. Go to	-	in a concu	ate household?				
			ın a separ	ate nousenoid?				
	■ N		st file a sep	parate Schedule J.				
2.	Do you hav	e dependents?	□ No					
	Do not list D		■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				Child		19	□ No ■ Yes
					Child		20	□ No ■ Yes
					Office			■ Yes □ No
								☐ Yes
								□ No
3.	Do your ex	penses include	_					☐ Yes
0.	expenses of	f people other t	han 🗖	No Yes				
	yourself an	d your depende	nts? —	. 55				
		nate Your Ongoi		ly Expenses uptcy filing date unless y	vou ovo voima thio fa		unnlament in a Ch	antos 12 agos to sonost
exp		a date after the		y is filed. If this is a supp				
				government assistance i				
(Off	ficial Form 6l	l.)					Your exp	enses
4.		or home owners nd any rent for th		ses for your residence. I or lot.	nclude first mortgage	e 4.	\$	0.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.	·	0.00
	4c. Home	e maintenance, re	epair, and ι	upkeep expenses		4c.		150.00
_		eowner's associat			and a second to a fi	4d.	·	0.00
5.	Additional	mortgage payme	ents for yo	<b>our residence,</b> such as ho	me equity loans	5.	<b>\$</b>	0.00

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Debtor 1 Debtor 2		Kenneth Simpson Melony Simpson		Case nu	mber (if known)	2:15-bk-55462			
•	<u></u>								
6.	Utilit 6a.		, heat, natural gas	6	a. \$	350.00			
	6b.		ewer, garbage collection		o. \$	100.00			
	6c.		e, cell phone, Internet, satellite, and cable services		c. \$	250.00			
	6d.	Other. Sp			d. \$	0.00			
7.			sekeeping supplies		7. \$	800.00			
8.			children's education costs		3. \$	0.00			
9.			dry, and dry cleaning	9	9. \$	350.00			
10.		_	products and services	10	D. \$	157.66			
11.		-	ental expenses	1	1. \$	150.00			
12.	Tran	sportation.	Include gas, maintenance, bus or train fare.						
			car payments.		2. \$	550.00			
			clubs, recreation, newspapers, magazines, and books $\\$		3. \$	150.00			
14.	Char	ritable cont	tributions and religious donations	14	4. \$	0.00			
15.		rance.		•					
			nsurance deducted from your pay or included in lines 4 or 2		- Ф	0.00			
		Life insura			a. \$	0.00			
		Health ins			D. \$	0.00			
		Vehicle in			c. \$	175.00			
16			urance. Specify:		d. \$	0.00			
	Spec	ify:	nclude taxes deducted from your pay or included in lines 4 o		6. \$	0.00			
17.			ease payments:	17	a. \$	0.00			
			ents for Vehicle 1		a. φ D. \$	0.00			
			ents for Vehicle 2		· -	0.00			
		Other, Sp.			c. \$ d. \$	0.00			
10		Other. Sp			л. ф	0.00			
10.			of alimony, maintenance, and support that you did not your pay on line 5, Schedule I, Your Income (Official Fo		3. \$	0.00			
19.			s you make to support others who do not live with you.		\$	0.00			
	Spec		- ,	19	· -	0.00			
20.		· —	perty expenses not included in lines 4 or 5 of this form of	or on Schedule I:	Your Income.				
			s on other property		a. \$	0.00			
	20b.	Real estat	te taxes	201	o. \$	0.00			
	20c.	Property,	homeowner's, or renter's insurance	20	c. \$	0.00			
	20d.	Maintenar	nce, repair, and upkeep expenses	200	d. \$	0.00			
	20e.	Homeown	ner's association or condominium dues	200	e. \$	0.00			
21.	Othe	r: Specify:		2	1. +\$	0.00			
22.			expenses. Add lines 4 through 21.	22	2. \$	3,182.66			
00		-	ur monthly expenses.						
23.		•	monthly net income.  12 (your combined monthly income) from Schedule I.	00.	a. \$	4 990 66			
			•		· -	4,832.66			
	230.	Copy your	r monthly expenses from line 22 above.	231	o\$	3,182.66			
	23c.		your monthly expenses from your monthly income. t is your monthly net income.	23	c. \$	1,650.00			
24.	For ex	xample, do yo ication to the O.	an increase or decrease in your expenses within the year or do you expect to finish paying for your car loan within the year or do you expert of your mortgage?  Debtor Melony Simpson drives over 100 miles p	xpect your mortgage	payment to increa	ise or decrease because of a			
	Expla	ain:							